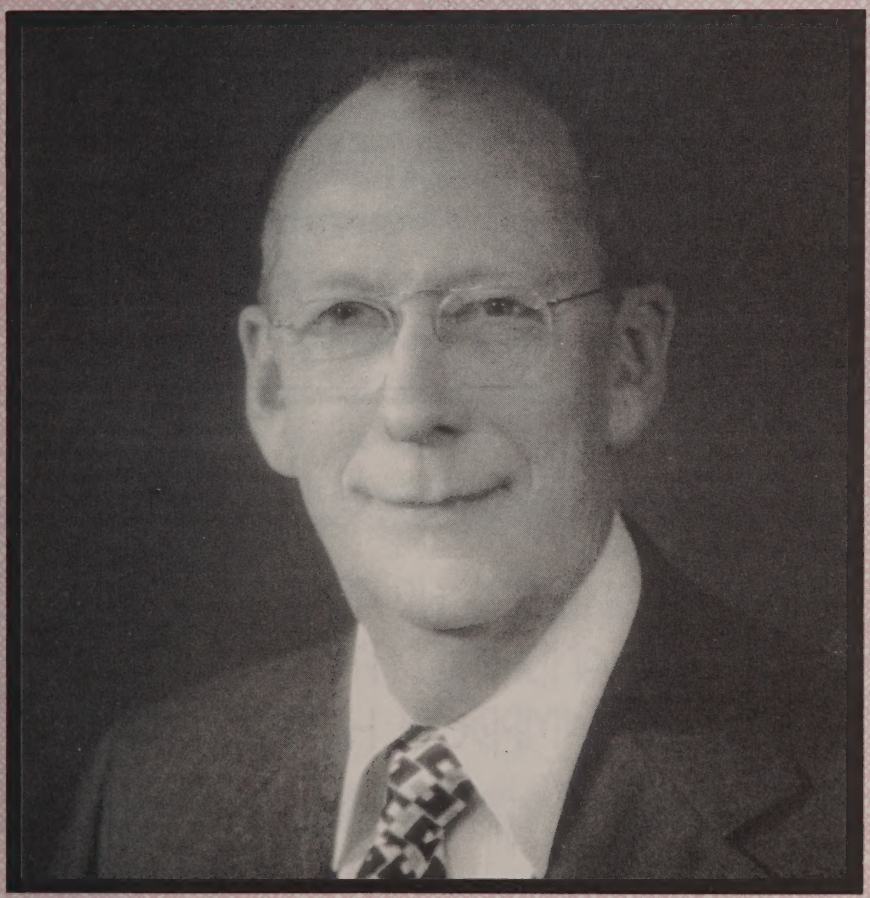
The Hampden Hippocrat

June 1981



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DATES TO REMEMBER

HAMPDEN DISTRICT MEDICAL SOCIETY

1981 - 1982

DISTRICT MEETINGS

Tuesday	September 22, 1981
Tuesday	January 26, 1982
Tuesday	April 27, 1982 Annual

EXECUTIVE COMMITTEE MEETINGS
(Tuesday unless otherwise designated)

September 15, 1981	February 16, 1982
October 20, 1981	March 16, 1982
November 17, 1981	April 20, 1982
December 15, 1981	May 18, 1982
January 19, 1982	June 8, 1982

PRE COUNCIL MEETINGS 5:30 P.M.

Thursday, September 10, 1981
Thursday, January 7, 1982
Thursday, April 15, 1982

STATE EXECUTIVE COMMITTEE MEETINGS, Wednesdays

September 16, 1981	January 13, 1982	April 21, 1982

STATE COUNCIL MEETINGS, Wednesdays

October 14, 1981	February 10, 1982	May 12, 1982

STATE ANNUAL MEETING

May 19, 1982

AMERICAN MEDICAL ASSOCIATION

ANNUAL CONVENTION		HOUSE OF DELEGATES
1982	June 13-17	Chicago Marriott Downtown
1983	June 19-23	
1984	June 17-21	
1985	June 16-20	

INTERIM SESSION

1981	December 6-9	Las Vegas, Hilton, Nevada
1982	December 5-8	Fountainbleu, Miami, Florida

NATIONAL LEADERSHIP CONFERENCE

1982	February 25-28	Chicago Downtown Marriott

JUNE 1981 VOL. XXXVII NO. 6

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The official bulletin
for The Hampden District
of The Massachusetts
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Edward P. Bagg, Jr., M.D. and
William A. R. Chapin, M.D.

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.
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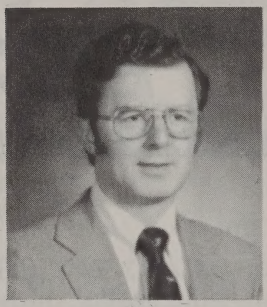

PHILIP B. STODDARD, M.D.
President

PRESIDENT'S PAGE

To serve as your President this year is an honor and privilege. Thank you for your confidence. I shall enjoy serving you.

As you know I have been concerned about the practices of Blue Shield over the years. Also, many of you have complained regarding what you consider as unfair, unilateral changes by Blue Shield running counter to your original contract with that organization, failure to keep up with inflation, unequal consideration in compensation for services in office vs. hospital, marketing your services at a discount, etc. This list goes on and on. Your local medical society, HDMS, brought forth the resolution which was passed by the Council of MMS bringing suit against Blue Shield. It has been as tough as ''fighting City Hall'', and even though the judicial system is slow, the state Supreme Judicial Court finally heard the case on May 9. A decision is expected sometime between now and September. You will be kept informed.

The Blues have brought forth a bill proposing a merger between Blue Cross and Blue Shield. Supposedly a merger would make the organization more efficient. A carrot held out by Blue Shield is the elimination of the ''lock in''. One wonders if our suit had anything to do with that. I worry what types of ''big sticks'' will be hidden in that merger in exchange for eliminating the ''lock in''.

The MMS Committee on Legislation has taken the position of opposition for the reasons cited in an excellent report by the Chairman, Bartley G. Cilento, M.D. It was reported at the last Council meeting that informal talks had taken place between MMS and Mr. John Larkin Thompson of Blue Shield hoping to obtain changes in the bill so that MMS might remain neutral and not oppose the bill. The politics disturbs many of us representing you at the Council. And rumor after the meeting and the ''fix is in''!

You will find Dr. Cilento's report mailed with this issue of the Hippocrat.

Please keep us (your Councilors) informed of your views so that we can carry them to the MMS!

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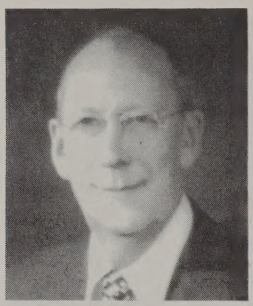

PLANS FOR 1981-1982

STANLEY M. WYMAN, M.D.
President
Massachusetts Medical Society

As I begin my year as the 200th President of the Massachusetts Medical Society, I want to share a few pertinent and perhaps important thoughts with you. We have been blessed with a recent history of very strong Presidents who have moved the Society forward, and I inherit a sound organization. Headquarters staff has been recruited to meet the expanding demands of the Society; legislative initiatives have improved; plans for a new building to house the New England Journal of Medicine are underway; Bicentennial preparations have begun; and public relations activities have increased dramatically, to highlight a few of the most significant achievements.

Tempering this progress, however, is an impending financial crisis. Inflation, coupled with extremely high legal expenses over the past four years, have caught up with us, and the Society is likely to end fiscal year 1981 with a deficit in excess of a quarter of a million dollars. Financial projections for the next several years are, of course, even worse, and so it behooves us to address the problem now, when it is not too late and while we still have a number of alternatives.

These considerations have shaped my thinking about what I wish to accomplish as President. First, I believe a major effort at membership development is vitally important. Recent figures from the Board of Registration in Medicine reveal 17,892 physicians licensed by the Board, and the Society estimates that about 15,275 of them reside in Massachusetts. The Society's membership stands at 9,754, of whom 8,327 reside in Massachusetts. Thus, approximately 6,950 physicians live in this state who have not chosen to join the Society. We need them.

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The financial implications are clear, and we need these people to make our organization stronger and more representative of Massachusetts physicians as a whole.

The Immediate Past-President, Dr. Frank E. Bixby, has made my life easier in starting a membership development program by hiring Mr. Charles S. Amorosino, Jr. as Associate Executive Secretary. Mr. Amorosino, under the supervision of our Executive Vice-President and Executive Secretary, has already begun an ambitious and comprehensive membership drive. One of his early discoveries was that over 800 residents-in-training in the State are AMA members, only 81 of whom belong to MMS! That target group will be hearing from us very soon.

A second, very specific but important initiative deals with the Blue Cross/Blue Shield merger bill(s.866). The Society has opposed S.866 for a variety of reasons, but at the request of Senator McKinnon who introduced the bill, we have been negotiating with Blue Shield to obtain desired changes. Should we succeed in getting sufficient concessions, the merger could accomplish something very important for the Society -- a break of the so-called "lock in." The implications of this result are obvious.

The extent to which these activities will alleviate our financial plight is unknown at this time. The necessity for an increased dues structure will have to be comprehensively addressed in the next several months in preparation for next fall's Council meeting.

A third major area of my concern as President will be to improve our legislative program. We need to be both more efficient and more effective. The number of bills introduced in the legislature relating to health has been increasing each year, to the point where we are having difficulty keeping track of all of them. I intend to make our legislative efforts a very high priority.

One of the most tangible accomplishments of the next year will be the completion of the building to house the New England Journal of Medicine. Officers have had the opportunity to view preliminary architectural drawings, and the proposed building is a very handsome one. In the long term, building ownership will be one of the soundest financial moves the Society can make.

I would be remiss if I did not close with an expression of thanks for your choosing me as your president. In this Bicentennial year, it is a most particular honor and one which I will make every effort to justify. □

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EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, April 14, 1981 in the conference room of the Hampden District Medical Society.

Present were Drs.: Walthall, Remsberg, Navazio, Ryan, Stoddard, Mrs. Condon, and Mrs. Purdy. Also present were Drs. Hough, Anton, Pacosa, Stirlacci, Ferris, Tauber, and John Roberts.

Dr. Tauber was present to explain his letter suggesting a bylaw change for the Massachusetts Medical Society in Paragraph 11.0111 (a) by adding to the words "opportunity for a hearing", the following "at such a hearing the member shall have the right to legal counsel and to present witnesses." After much discussion it was moved and seconded that this item be tabled until Dr. Ayres who serves on the Judicial Council and is Past President of the Massachusetts Medical Society be consulted. The committee voted in the affirmative unanimously.

Drs. Pacosa and Anton were present to talk to the committee about the Medicaid problem. Drs. Stirlacci, Ferris and John Roberts were also present to discuss the situation. It was suggested that by putting pressure on the lobbyists would help to more adequately reimburse physicians for the services rendered. They would like to have a meeting with medicaid officials in Boston. Mr. Roberts made a few pertinent

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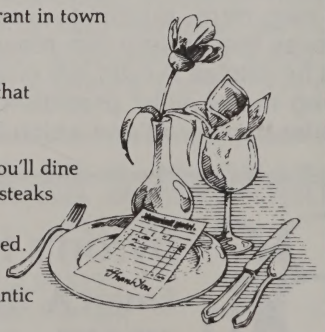

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remarks about medicaid reimbursement. He suggested filing a class action suit. It was recommended by Dr. Stoddard that a meeting be arranged between Dr. Anton and Mr. Roberts to draw up a proposal for Massachusetts Medical Society.

CORRESPONDENCE

Ms. Eileen Houle, Executive for the Business Fund for the Arts wrote a letter asking for help for that organization. An article by Ms. Houle appeared in the April issue of the Hampden Hippocrat. It was moved that we support the Business Fund for the Arts as a conglomerate of local charities to the extent that addresses will be available.

A letter from Dr. LaMarche about an answering service available through the Hampden District Medical Society was tabled.

A letter from Mr. Fitzgerald of the Greater Springfield Health Planning Corporation informed the committee that their application for an HMO at Winchester Square will be submitted to the Department of Health and Human Services on June 1, 1981. This was considered informational.

OLD BUSINESS

No answer had been received from Dr. Munier about two items that were sent to him for comment. A reminder letter will be sent to him.

Dr. Max Cloud's letter about mammography utilization and guidelines for the public was accepted by the committee. A suggestion was made that Bill Scaife be contacted to write an article for the newspaper to so inform the public.

No further information was available on the portable CT unit. When more information is obtained the committee will consider it.

The names of the members appointed by Dr. Siragusa for the "Education and Library Committee" are Drs.: Fitzpatrick, Beauchamp, Carey, Kane, Kasper, Levine, Stoler, Willcutts, Shah and Zadworny.

Dr. Remsberg, Treasurer gave his Annual Report and Budget for 1981-82 which was accepted by the committee as presented.

The Annual reports of the committees were accepted as written in the April issue of the Hampden Hippocrat.

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NEW BUSINESS

Dr. Rich wrote and sent a copy of a letter from S.T.A.R.T., Sports Therapy for Athletic Rehabilitation and Treatment. The committee accepted this as informational.

Three proposals for restructuring the Executive Committee were presented by Dr. Rich. The third proposal which reads "Invite committee chairmen to attend Executive Committee meetings when agenda items that will be handled by their committee, or have been handled by their committee, are being taken up" was accepted by the committee.

The resignation of Drs. Ann and Richard Hirschhorn of Holyoke was accepted with regrets.

The I.C. System, Inc. for collecting unpaid bills was reviewed and a follow up on other areas using them-will be pursued. It will be considered after this follow up.

Mayor DiMauro and Dr. Ayres had a recent meeting and the Hampden District Medical Society has been asked to participate in some programs for the public cosponsored by the health department. The Public Health Council is to be increased to fifteen members including more physicians.

Mrs. Purdy asked in behalf of Dr. Pacosa, Chairman of the Publications Committee if the HH could expect $5.00 from each paid member for the HH this year of 1981-82. After consultation with Dr. Remsberg the committee voted approval. She also announced that a wine and cheese party would be given in June for new residents coming into the area which is to be sponsored by the Massachusetts Medical Society.

Mrs. Condon is arranging for a mock-up to be displayed at the Connecticut Valley Museum to celebrate the Bicentennial of the Massachusetts Medical Society. It will be on display in October. She explained the state wide poster contest sponsored by MMS, and asked if Hampden District Medical Society could give a government bond for each of two winners, one for grades K-3 and one for grades 3-6 category. After consultation with Dr. Remsberg it was voted that these awards be given.

The next meeting of the Executive Committee will be May 26, 1981.

The meeting was adjouned at 9:45 P.M. □

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Hypnosis - At Last

After many years of struggling to erradicate misconceptions and lingering associations with Charlotanism, hypnosis, an old art, has emerged as a valuable science. Thanks to the intellectual genius of Milton H. Erickson and associates, it has attained the respect and acceptance of professional therapists.

Hypnosis has existed since the beginning of mankind. It has passed through the ages: First as a mystical, magical thing, then used in surgery in the 19th century and finally refined into its proper place in the 20th century.

Hypnosis has many meanings to many people. Erickson's definition is: "A state of intensified attention and receptiveness and an increased response to an idea or set of ideas." Hull's definition is:" a state of hypersusceptibility in which the subconscious mind will accept a suggestion to fulfill an accepted idea." No one definition comprises the full meaning of the phenomenon which seems to be both natural and physiological. The psychiological response intermingles and interacts with physiological and emotional status already present in a patient's personality.

Suggestion is an idea that one accepts uncritically and favorably resulting in the initiation of appropriate behavior. Suggestibility is the degree of a patient's acceptance.

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Four stages of suggestion are: making the suggestion; assimilating the suggestion; accepting the suggestion; and executing the suggestion. The factors influencing suggestibility are: correct attitude, motivation or need, co-operation, imagination, faith in doctor, and rapport.

Hypnotic suggestion, made in a kind, confident, assuring manner brings forth expected results. When a patient is in a state of deep relaxation, a state of hyponisis occurs.

Before induction, a patient is told the following; they will be aware throughout, they will hear and see, they will not act silly or do strange things. We must remove the stigma of stage hypnosis.

Hypnosis is a pleasant altered state of awareness. They must be constantly assured that this is going to be a very pleasant experience and that they will enjoy it very much. When finished, they will remember it as an experience and very suprisingly, a pleasant one.

The dangers of hypnosis are few in number, mostly from abuse from poorly informed individuals. Professionals, staying in their own field of practice, will have no problem.

The methods of induction are too many to list at this time but, a professional man who is well trained adopts a method that will be compatible with the therapists personality.

There's no doubt that this tool for clinical therapy is amazing and powerful. It is used in anesthesia and sugery, psychocomatic disease, allaying fears and anxieties, obstetrics and gynecology, dentistry, blood control, burn-therapy aid, and dermatology. It will be interesting to note that we can now control blood discresias, especially haemophilia which accounts for 90% of all blood anomalies. Hypnosis allows for fewer transfusions and less chemoanesthesias. It also lessens hemorrhages and aids emergency situations. It also makes the side effects of chemotherapy more tolerable. In many institutions, hypnosis has been found helpful in dyslexia and other reading problems. It creates better study habits and aids in the elimination of so called examination "jitters". Also, natural functions are controlled, especially in sexual disfunctions.

It is interesting to note that in 1954, four physicians had the foresight to create the Springfield Society of Clinical Hypnosis. it is now being reorganized as the Western New England Society of Clinical Hypnosis. Charter memberships will be extended to the month of September. □

MILTON H. TEITEL, M.D.

Arthroscopy and Arthroscopic Surgery

Arthroscopy of the knee joint had its beginnings in Japan prior to World War II. Early instruments had poor lens systems, unsatisfactory light sources, and were too large to permit good visualization and maneuver within the joint. The first workable arthroscope, again of Japanese design, made its appearance in about 1960. Since then advances have been rapid, with improved optics, external fiberoptic lighting, and better instrument design. Diagnostic arthoscopy has become well established since the early 1970's, and in the past three years operative arthroscopy has come into its own.

These technical developments have brought to an end the era of the "diagnostic arthrotomy". Many knees are presently not being opened that would have been "explored" not so long ago. Using the complementary methods of arthrography and arthoscopy, diagnostic accuracy has been greatly enhanced.

Arthoscopic surgery followed diagnostic arthoscopy in its development, and is a rapidly changing and expanding field. Surgical procedures range from the relatively simple to those of increasing complexity. Simple joint lavage and debridement and synovial biopsy can be a routine feature of diagnostic arthroscopy. Next in order of difficulty could be grouped loose body removal, resection of plica or synnovial shelves, patellar shaving and debridement, and lateral retinacular release.

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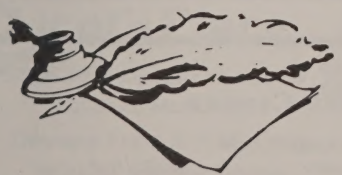
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Meniscal surgery becomes more of a challenge. Uncomplicated bucket handle and anterior or medial flap tears can be handled reasonably well. Posterior tears or complex tears involving the posterior meniscal horn are more or a problem, particularly in relatively tight knees. Some of these latter problems require open operation, as do problems requiring total menisectomy.

Techniques for doing ligament and capsule repairs are presently under development. Drilling, pinning, and debridement of osteochondritic lesions are being done, although these procedures are still somewhat controversial as to criteria for their application and efficacy. Using small instruments, diagnostic work in the shoulder, elbow, and ankle can be undertaken.

Taken as a whole, arthoscopy and its ramifications represent a major advance in orthopedic technology and practice, with further evolution and improvement sure to come. □

J. GORDON RICH, M.D.

The following change in the Bylaws is recommended:

Chapter 4, Section 2 There should be at least two regular meetings.

Note: This change is recommended so that there will be one meeting prior to each of the Council meetings of the Massachusetts Medical Society. The present bylaws requests at least three other meetings which may not always be the wish of the President or the Executive Committee. Should more than three meetings a year be required, special meetings can be held.

JAMES D. ALLAN, M.D.
Chairman

This bylaw change has been approved by the Executive Committee and will be voted by the membership at the September 22, 1981 district meeting.

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HAMPDEN CAPSULES

Greetings to HDMS from Dr. Walton E. Stevens, Past Editor of the Hampden Hippocrat. Dr. Stevens is Acting Director of the Cancer Center at the University of South Alabama in Mobile. He states that it is a delightful place to live and enjoys reading the Hippocrat as it keeps him posted as to whats going on in the area that he devoted 14 years of his life and profession to. Good Luck, Walton.

An excellent attendance of Councilors at the Council meeting on May 20th. Keep up the good work fellow members.

Vivian Purdy, Executive of HDMS was heard on WMAS radio in an interview about the medical society.

"A Society of Physicians" written by Mr. Everett R. Spencer, Jr., Executive Secretary of MMS is available through the New England Journal of Medicine. This book is to celebrate the 200th year of the MMS. Call the HDMS office for further information.

Dr. Mooideen K. Meeran was elected into the American College of Physicians in April.

Do you like to write? The HH could use some writers on any subjects you desire ----- well most any. Contribute to the Hippocrat with your expertise. Would you like to join the Associate Editors? Let the office know or call Dr. Pacosa, Publications Committee chairman.

Dr. Bloom and Dr. Zadworny have been talking in the schools to students about VD. HDMS appreciates their cooperation. If you talk on programs, schools, clubs, etc please let the office know.

An "In Appreciation" award was made to Vivian Purdy at the recent Annual Meeting of the American Association of Medical Society Executives for serving as a Director from 1974-1981.

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THE WESTERN MASSACHUSETTS APNEA EVALUATION PROGRAM: A New Prospect For The Prevention Of The Sudden Infant Death Syndrome

A new program at the Baystate Medical Center serves as an important resource for the evaluation and home monitoring of infants with unexplained apnea and similar episodes characterized as "Near-miss" sudden infant death syndrome.

The Sudden Infant Death Syndrome (SIDS) describes the unexpected demise of a previously well child, usually aged one to six months. These infants usually die quietly in their sleep, and at autopsy no pathological findings are encountered except perhaps intrathoracic petachiae and thickened musculature of the small pulmonary arteries. SIDS is more common in winter months, lower socio-economic groups, and in babies born prematurely.

Approximately 10,000 infants die annually of SIDS in the United States, making it the largest single cause of death among infants between one week and one year of age. The incidence is 2 per 1000 live births, which, translated into local terms, means that every year about 12 previously healthy infants will die in the four western Massachusetts counties.

A great number of etiologies have been proposed but the cause of SIDS remains unclear. It is probably true that there are a variety of ways that an infant can die in his sleep. However, current evidence indicates that a large percentage of these infants have a depressed ventilatory response to rising carbon dioxide tension during sleep with resulting hypoventilation and sleep apnea

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leading to death.

Recently three groups of infants have been identified as being at high risk for a fatal SIDS-like event. Foremost among these groups are the near-miss SIDS infants -- those who were fortuitously resuscitated out of a potentially fatal event by parents who were routinely checking on their infant at night. These infants have an incidence of subsequent sudden death reported between 20% and 100%.

The second group of infants includes those whose sibling died from SIDS. These babies have an increased risk of sudden death approximately 4-7 times that of the general population, or 11-22 per 1000 live births. The third group of infants encompasses those premature babies who were noted to have idiopathic apnea of prematurity in the neonatal special care unit.

All the infants in the three groups pose a difficult evaluation and management problem for the responsible physician. To meet this need, the Western Massachusetts Apnea Evaluation Program (WMAEP) has been established at the Springfield Hospital Unit of the Baystate Medical Center. The program was developed with additional support from the Western Massachusetts Lung Association and the Eugene A. Dexter Charitable Fund (BayBAnk/Valley). WMAEP provides comprehensive evaluation of all potentially at-risk children, and subsequent parent education, followup, and management of those infants found to be at actual high risk, including home monitoring.

The inpatient assessment of these infants includes a medical evaluation to seek treatable or reversible causes of apnea such as infection, cardiac disease, neurological disorders, anatomical

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airway obstruction, and metabolic abnormalities. A 12-hour pneumogram, which evaluates apnea during sleep, will also be performed. A decision to implement a home monitoring program will be made depending on the results of the inpatient evaluation. This approach represents a major commitment: extensive parental training and followup is required that involves physicians, nurses, social workers, and other supportive personnel. The technical performance of apnea monitors is imperfect, and the emotional and financial impact of home monitoring on familes is significant. Despite these difficulties, the high risk of a SIDS event in these infants demands a management approach that will carry these infants safely through the vulnerable months. Experience from several centers indicates that home monitoring can be an effective way of assuring survival for this high risk group.

WMAEP has a physician staff which includes a program director, pediatric cardiologist, pediatric neurologist, and pulmonary physician. A nurse clinician will coordinate the inpatient and outpatient aspects of the program, do parent teaching of equipment use and cardiopulmonary resuscitation and act as the liaison with health care providers in the families' communities. A medical equipment company will service the equipment on a 24-hour basis for those children who are home monitored. A support group for parents of monitored children will help with the families' psychosocial needs.

The entire area of Sudden Infant Death Syndrome prevention is a difficult one. However, the Western Massachusetts Apnea Evaluation Program provides a comprehensive approach to the evaluation and management of infants known to be at high risk and in so doing assures them of their best possible chance of survival.

Referral by a physician of an infant under the age of one year with unexplained apnea or cyanosis to WMAEP can be made during daytime hours by calling 787-4440 (Dr. Rowland), or during the evening by calling the page operator at 787-3222 and requesting the WMAEP physician on call. □

by
David Sigelman, M.D.
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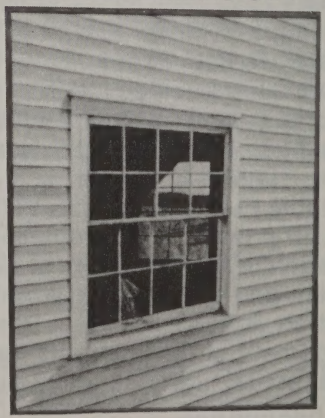

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Letter To The Editor

Due to fiscal restraints imposed by Proposition 2½, the Springfield Health Department is forced to curtail its Chest Clinic activities. As of the latter part of April, it has not been possible to offer radiological and clinical consultations to physicians for their private patients. By July 1, 1981, all clinical activities will be terminated with the current clinic's tuberculosis cases being transferred to the Baystate Medical Center's clinic as well as the future conduct of diagnostic and follow-up examination of patients and suspects and uninterrupted treatment of patients residing in Springfield. The Baystate Medical Center's tuberculosis clinic is the designated facility serving this area under contract with the Division of Tuberculosis of the Massachusetts Department of Public Health. Neither the latter nor the Springfield Health Department are responsible for the payment of the cost of care and treatment of a patient with diagnosed or suspected tuberculosis in a hospital or clinic having no written contract with the Massachusetts Department of Public Health.

The Springfield Health Department will continue to receive reports of patients with tuberculosis from physicians and carry out epidemiological investigations relating thereto and including the screening of high risk groups in the City. It will also carry out a variety of containment activities by assisting with the prompt procurement of diagnostic services for patients and suspects and uninterrupted treatment services when needed. Contacts, tuberculin reactors, patients, and ex-patients will be followed up to insure compliance with diagnostic and therapeutic regimens. An active case register will be maintained for this purpose. Moreover, the program will be periodically reviewed and assessed in cooperation with the Massachusetts Department of Public Health.

It is obvious that this program will lead to some inconveniences on the part of the public as well as physicians; moreover, there will be inefficiencies extant. However, the basic tenents of a tuberculosis control program will still be in place. If not idealistic, it's at least realistic in the light of available resources.

With the aforesaid in mind, we ask the forebearance of our community's physicians and express our gratitude for their continuing cooperation and support. □

Sincerely yours,

JOHN C. AYRES, M.D., M.P.H.
Commissioner of Public Health

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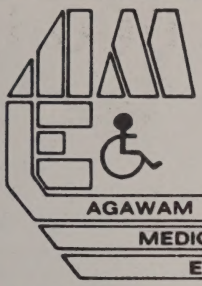

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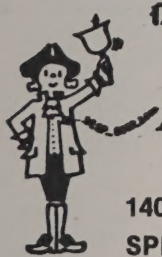

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